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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	BRONTO C	ONSTRUCTION, LLC				
SCBGECT.		Name of Limi	ited Liability Company	····		
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		LUIS R. CALDERON				
Name of Person						
	BELAIR ACCOUNTING SERVICES, INC.					
Firm/Company						
		1627 E. VINE STREET, S	UITE 110			
		1627 E. VINE STREET, SUITE 110 Address				
		KISSIMMEE, FL 34744				
		·	City/State and Zip Code			
		ADLUSH@AOL.COM				
		E-mail address: (to be used for future annual report notifi	ication)		
For further in	nformation co	ncerning this matter, please ca	ail:			
LUIS R. CA	LDERON		407 944-9262 at ()			
	Name of	Person		Telephone Number		
Enclosed is	a check for the	e following amount:				
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRONTO CONSTRUCTION, LL		
(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L		and assigned
Florida document number L15000122584	.	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	SE TAL 18
(Principal office address MUST BE A STREE	T ADDRESS)	APT
		FIL ASE ASE
Enter new mailing address, if applicable:		FLE
(Mailing address MAY BE A POST OFFICE BOX)		AI TO
		>
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our refice address here:	ecords, enter the name of the new
Name of New Registered Agent:	EDWIN ALVAREZ	
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	Citv	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALDO A. VARGAS	6677 MARCOS AVE	Add
		ORLANDO, FL 32809	Remove
			☐ Change
MGR	JOSE A . RAMIREZ	3714 RAVENWOOD AVE	Add
		ORLANDO, FL 32839	≡ Remove
			Change
			Add
			☐ Remove
			☐ Change
	<u> </u>		Add
			☐ Remove
			□ Change
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Sective date, if other than the on effective date is listed, the date must tee: If the date inserted in this blocument's effective date on the De	late of filing: be specific and canno ck does not meet th	t be prior to da e applicable	te of filing or more t	han 90 days after fil	ing.) Pursuant to 605.0)20 d a:
record specifies a delayed The 90th day after the reco	effective date, and is filed.	but not ar	effective time	e, at 12:01 a.r	n. on the earlie	rα
ted APRIL 18,	, 201	.8				
Elm. M	las					
	Signature of a member	r or authorized	representative of a	member		

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Filing Fee: \$25.00